

Division of Mental Health & Substance Abuse Services
Kentucky DUI T.I.P.S. Section
100 Fair Oaks Lane, 4E-D
Frankfort, Kentucky 40621-0001
(502) 564-9208
(502) 564-9335 FAX

PROGRAM SURVEY FORM

A separate form must be filled out for each DUI site

Program Name: _____ Program Code: _____

Administrator's Name: _____

Administrative Mailing Address: _____

Location of Program Files: _____

Telephone Number: _____ FAX: _____

Email Address: _____

County: _____

Site Address: _____

Contact Person(s): _____

Scheduling Number: _____ FAX: _____

Hours of Operation: _____

(Attach addendum if necessary)

**List DUI services and maximum fees
charged at this site:**

	Offered	Maximum Fee	Day & Time of Service Delivery
Assessment	<input type="checkbox"/>		
20 Hour Education <i>(Check curriculum that applies)</i>	<input type="checkbox"/> KAODEP <input type="checkbox"/> PRI		
Individual Outpatient Treatment <i>(Cost per session)</i>	<input type="checkbox"/>		
Group Outpatient Treatment <i>(Cost per session)</i>	<input type="checkbox"/>		
Intensive Outpatient Treatment	<input type="checkbox"/>		
Residential Treatment	<input type="checkbox"/>		
Detoxification Treatment	<input type="checkbox"/>		

Name of Clinical Services Supervisor for this site: _____

Other certified staff for this site:

Name(s)	Certification (Assessor, K20, P20)	Date of Certification/Recert

Signature: _____

Title: _____

Date: _____